

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42156**
Registrar's No. **11555**

FILED DEC 10 1957

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 28 days		c. CITY OR TOWN Waco	
d. FULL NAME OF (If not in hospital or institution, give street address or location) 3x HOSPITAL OR INSTITUTION St. Mary's Infirmary			STREET ADDRESS (If rural, give location) 23 1220 N. 6th Street		
3. NAME OF DECEASED (Type or Print) a. (First) ROSE b. (Middle) MADELINE c. (Last) JENKINS		4. DATE OF DEATH (Month) (Day) (Year) Nov. 29, 1957			
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 31, 1893	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) / Bunkie, Louisiana	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME A. M. Newman		13b. MOTHER'S MAIDEN NAME Lavinia West		14. NAME OF HUSBAND OR WIFE J. N. Jenkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. N. Jenkins, Jr. 5024 Wabada	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach with ANTECEDENT CAUSES Metastases to the Spine, brain, and DUE TO (b) Abdominal Viscera DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 151x			INTERVAL BETWEEN ONSET AND DEATH 9 months
19a. DATE OF OPERATION March 1957		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach with Metastases to Abdominal Viscera			20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 29, 1957		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 1957 , to Nov. 29, 1957 , that I last saw the deceased alive on Nov. 29, 1957 , and that death occurred at 2:59 P.m. , from the causes and on the date stated above.					
23. SIGNATURE William H. Seibler, M.D.		(Degree or title) M.D.		23b. ADDRESS 4503 Page, St. Louis, Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 2, 1957		24c. NAME OF CEMETERY OR CREMATORY Waco, Texas	
DATE REC'D BY LOCAL REG. DEC 2 '57		REGISTRAR'S SIGNATURE Charles J. Gates		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates 4107 Finney	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.....
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4586 182

P. O. Address 4107 Finney Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.